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|---|-------------------------------|--------------------------|
| <h2 style="margin: 0;">TRANSMITTAL<br/>FORM</h2> <p style="font-size: small; margin: 5px 0;">(to be used for all correspondence after initial filing)</p> | <b>Application Number</b>     | 10/578,346               |
|   | <b>Filing Date</b>            | (Int'l) November 5, 2004 |
|   | <b>First Named Inventor</b>   | Kenichi NOMA             |
|   | <b>Art Unit</b>               | 2614                     |
|   | <b>Examiner Name</b>          | G. Monikang              |
|   | <b>Attorney Docket Number</b> | 278542008500             |
| <b>Total Number of Pages in This Submission</b>   |                               | 5                        |

| ENCLOSURES (Check all that apply)   |   |  |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment/Reply<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input checked="" type="checkbox"/> Information Disclosure Statement—<br>Supplemental (3 pages)<br><br><input type="checkbox"/> Certified Copy of Priority<br>Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under<br>37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD<br><br><div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <b>Remarks</b><br/>                     Customer No. 25225                 </div> | <input type="checkbox"/> After Allowance Communication<br>to TC<br><br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please<br>Identify below):<br>Form PTO/SB/08A/B (1 page)<br>11 References |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                         |                 |        |
|--|-------------------------|-----------------|--------|
| <b>Firm Name</b>                           | MORRISON & FOERSTER LLP |                 |        |
| <b>Signature</b>                           | /Michael Stanley/       |                 |        |
| <b>Printed name</b>                        | Michael Stanley         |                 |        |
| <b>Date</b>                                | September 2, 2009       | <b>Reg. No.</b> | 58,523 |